carried out later, it has been found there is little, if any, endometrial tissue remaining. Most small polyps will be removed and larger ones can be felt. The cannula curette thus offers a diagnostic office procedure which relieves the patient of the risk and cost of hospitalization for a traditional D & C under general anesthesia.

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## Cryocautery in the Office Treatment of Chronic Cervicitis

A SIMPLE AND EFFECTIVE office technique for managing chronic cervicitis or cervical erosion—conditions which often are accompanied by a mild but chronic vaginal discharge that is not abated by treatment with various vaginal creams over a long time, with many office visits.

After a Papanicolau smear has been obtained and found to be normal, the patient is ready for definitive treatment with cryocautery. Generally, no premedication is necessary but relaxation with 10 mg of diazepam (Valium®) and 0.5 mg of atropine to control parasympathetic response is recommended by some observers. The cryocautery is applied to the cervix for 2 to 3 minutes when Freon® or carbon dioxide is the cooling agent. The margin of freezing can be visualized and is usually carried 2 or 3 mm beyond the area of the erosion. Some patients may feel some discomfort at the time of the procedure and for up to three days afterward. The discomfort is described as similar to menstrual cramps and is sometimes accompanied by light-headedness.

Following cryocauterization there is a clear, watery discharge for nearly two weeks, followed by a mucoid secretion. Intercourse is not advised for two weeks. Some patients have spotting. At the end of six weeks, the cervix is usually healed. The procedure apparently does not cause cervical stenosis that might have adverse effect on subsequent pregnancy. Some observers have reported that dysplasia of the cervix has disappeared following cryocautery treatment.

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## Minor Tranquilizers—How Minor Are They?

IN THE MID-1950s the alkaloids of rauwolfia serpentina were introduced into this country. They had been used for centuries in the Far East. Their sedative action was characterized as tranquilization. This label has since been applied to a wide variety of other compounds with sedative effects. Each is introduced with some enthusiastic reports of clinical trials and some well-financed sales-promotion propaganda. Objective evidence of selective "transquilization" as against sedation has been almost nonexistent. By 1960 it was evident that reserpine could produce profound depression and a substantial number of suicides were attributed to its use either as a tranquilizer or in the treatment of hypertension.

Meprobamate appeared next on the scene and was hailed as an effective treatment for anxiety, safe and free from side effects. Its profound hypnotic effects were largely ignored or played down. Habituation to meprobamate was soon reported and, more startling, seizures, often fatal, were reported upon withdrawal of meprobamate from addicted persons. Again depression was a common side effect. Widely heralded muscle-relaxant properties have found little application.

The chlordiazepoxide compounds, with chlordiazepoxide (Librium®) as the first entrant, boomed to the top of the sales list in the 1960s. With this class of "tranquilizers" it was possible to demonstrate in experimental animals some difference in behavioral effects between the benzodiazepine compounds on the one hand and meprobamate and barbiturate on the other. Both chlordiazepoxide (Librium®) and diazepam (Valium®) are capable of abolishing spastic rigidity in decerebrate cats. Diazepam (Valium®) is more potent as a muscle-relaxant than Librium®. Intramuscularly administered diazepam has gained acceptance as a treatment of status epilepticus.

Physical dependence on chlordiazepoxide or diazepam resembles that seen with barbiturates and meprobamate. Patients receiving large doses for several months have experienced withdrawal symptoms within a few days. Two of ten patients had seizures a week after discontinuance; other symptoms following withdrawal were depression, agitation, insomnia, loss of appetite and aggravation of the preexisting psychopathological state.

Patients are very resistant to withdrawal of "minor tranquilizers" even though the physician

readily detects the signs and symptoms of central nervous system depression, drowsiness, lethargy, depressed mood and decreased function.

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## Can the Diaphragm Make a Comeback?

THE RAGING VENEREAL DISEASE EPIDEMIC, which gains momentum year after year, will not be controlled, we are told by public health authorities, by treatment, but only by prevention. Since a satisfactory immunization for gonorrhea or syphilis seems a good many years away, we must review the facilities that are at hand. The incidence of venereal disease in younger age groups has increased. The 9-to-12-year age group is now affected. It appears that persons growing up in the United States today would have a 50/50 chance of having gonorrhea between the ages of 12 and 25. "The pill," besides removing fear of conception as a deterrent to sexual activity, contributes in another and very substantial way to the incidence and transfer of gonorrheal infection. By increasing the glycogen content of the vaginal cells and by increasing the mucous secretion of the cervical glands, the pill produces an ideal soil for the growth of the gonococcus. It thus appears that if the female has sexual contact with a gonorrhea-infected male and she is taking the pill, she is almost certain to acquire the disease. The same female not taking the pill and having the same single contact with the same male would have perhaps a 40 percent chance of contracting the disease.

It is not known what additional reduction might occur in the incidence of infection if this same person were not only off the pill but were also using a diaphragm with a jelly or cream which contained not only contraceptive but also bactericidal agents.

It is not at all difficult to conceive that our large pharmaceutical firms could readily develop a compound that is both spermicidal and bactericidal against the gonococcus or perhaps a large variety of venereal infections including syphilis. Progonasyl, a product long on the market but not approved for venereal disease prophylaxis, has been suggested for this very purpose by a CALIFORNIA MEDICINE contributor.

Conscientiously used, a diaphragm used with a contraceptive cream or jelly is 95 percent effective in contraception. This compares favorably with the contraceptive effectiveness of the intrauterine device.

If an educational campaign could be launched which would emphasize the safety, effectiveness, and the venereal disease protective value of the diaphragm with cream or jelly, this almost abandoned modality might make a comeback.

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## Prophylaxis of Migraine Using Propranolol

FORTUITOUS OBSERVATION of improvement in migraine—or prevention of migraine attacks—came from various centers almost simultaneously. Several of the patients who were taking propranolol for cardiac indications were migrainous physicians.

Follow-up controlled studies using placebo and a double-blind technique indicated over 75 percent good to excellent response to the administration of propranolol in dosages in the order of 20 mg four times daily. Side effects can be expected in less than 2 percent of patients on this therapy if the known contraindications are observed. Known contraindications include asthma, diabetes mellitus and cardiac conditions where diminished cardiac output would produce problems.

Propranolol is a beta-adrenergic receptor blocker. Precise rationale for its use in migraine has not been fully developed. The most evident mechanism is blockade of vasodilator receptors in adrenergically innervated vessels.

The author recently observed an atypical migraine sufferer, a 34-year-old man, who described his attacks as characterized by flushing of the face and the head. Frequency and severity of attacks was reduced more than 50 percent by propranolol.

Propranolol is not yet the established treatment of choice in all migraine patients. Where more